

# ASPIRE • HEALTH

21 June 2012

Measures for VISN 11, Fiscal Year 2012 Quarter 2, Oct. 2011 thru Mar. 2012

Measures • VA National Averages • Aspirational Goals				Aspirational Goals Met <sup>2</sup>									
Domain • Measure	T <sup>1</sup>	Average	Goal	11	506	515	550	553	583	610A4	655		
<b>Safety</b>													
<i>Healthcare associated infections</i>	O												
MRSA infection rate	O	0.18	0.00	0.12	0.10	0.00	0.00	0.00	0.26	0.00	0.00		
VAP infection rate	O	1.78	0.00	2.79	N/A	N/A	N/A	N/A	3.56	N/A	N/A		
CLAB infection rate	O	1.05	0.00	0.76	0.85	N/A	N/A	N/A	0.95	N/A	N/A		
Surgical Care Improvement Project	P		99	98	99	N/A	N/A	98	99	N/A	N/A		
Hospital acquired pressure ulcer rate	O	2.38	0.00	2.45	2.63	0.43	0.64	3.28	3.03	1.77	1.16		
Incorrect Surgery	P	9		1	0	0	0	0	1	0	0		
<b>Effectiveness</b>													
Composite behavioral health screening	P		98	98	98	97	98	96	98	100	98		
<i>Diabetes</i>	P												
Composite diabetes	P		98	90	89	89	91	89	87	92	92		
Blood pressure less than 140/90 (dm)	P		85	83	77	79	86	84	75	85	89		
HbA1 GT 9 or not done in past year	P		10	18	17	25	15	28	21	15	12		
LDL-C less than 100 (diabetes)	P		75	89	86	87	90	96	87	87	90		
<i>Ischemic heart</i>	P												
LDL-C less than 100 (vascular dx)	P		75	89	94	88	88	82	90	90	92		
LDL-C measured (vascular dx)	P		98	96	97	95	95	92	97	98	99		
Blood pressure less than 140/90 (HTN)	P		84	79	75	80	77	75	77	79	84		
<i>Prevention</i>	P												
Screening for colorectal cancer	P		100	80	81	75	82	81	80	79	80		
Women screened for cervical cancer	P		100	93	96	94	92	99	89	90	93		
Women screened for breast cancer	P		100	89	85	81	94	90	89	94	89		
Pneumococcal pneumonia immunization	P		100	94	92	97	93	86	95	97	94		
Obese patients offered weight mgmt	P		100	97	92	97	97	97	96	97	100		
Composite tobacco	P		100	96	97	92	96	93	97	96	98		
Composite acute myocardial infarction (AMI)	P		100	97	98	N/A	N/A	N/A	97	N/A	N/A		
Composite heart failure	P		100	99	98	N/A	100	99	100	99	N/A		
Composite community acquired pneumonia (CAP)	P		99	98	99	N/A	97	98	98	98	N/A		
<i>Mortality Outcomes</i>	O												
AMI RSMR	O	11.52	12.18	11.42	11.17	11.40	11.83	11.63	11.46	11.25	11.82		
Pneumonia RSMR	O	11.41	12.92	10.91	10.58	12.67	11.88	11.88	10.27	11.02	9.92		
CHF RSMR	O	8.09	8.12	7.92	7.51	8.79	7.18	7.25	8.15	8.69	8.11		

<sup>1</sup> Type P=process measure, O=outcomes measure. Symbol ▽ means higher value is better than lower value, ▲ means lower value is better than higher value.

<sup>2</sup> VISN 11=Vets In Partnership, Facility 506=Ann Arbor, MI, 515=Battle Creek, MI, 550=Illiana, IL / IN, 553=Detroit, MI, 583=Indianapolis, IN, 610A4=Northern Indiana, 655=Saginaw, MI.

# ASPIRE • HEALTH

21 June 2012

Measures for VISN 11, Fiscal Year 2012 Quarter 2, Oct. 2011 thru Mar. 2012

Measures • VA National Averages • Aspirational Goals				Aspirational Goals Met <sup>2</sup>									
Domain • Measure	T <sup>1</sup>	Average	Goal	11	506	515	550	553	583	610A4	655		
<b>Efficiency</b>													
All cause 30-day readmission rate	O	13.3	11.0	12.4	12.4	8.2	11.0	11.2	13.8	14.7	7.1		
Ambulatory Care Sensitive Conditions (ACSC)	O	30.77		29.21	29.17	28.18	28.14	27.85	28.26	43.12	21.60		
<b>Timeliness</b>													
Outpatient responsiveness	P												
Getting outpatient care quickly	P		60	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Getting needed outpatient care	P		61	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Inpatient responsiveness	P		75	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
<b>Patient-Centeredness</b>													
Inpatient SHEP													
Cleanliness of Hospital Environment	P		82	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Communication with Doctors	P		87	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Communication with Nurses	P		83	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Communication About Medication	P		68	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Discharge Information	P		87	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Pain Management	P		76	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Quietness of the Hospital Environment	P		71	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Willingness to Recommend	P		82	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Overall Rating of Hospital Stay	P		78	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Outpatient SHEP													
How Well Docs/Nurses Communicate	P		77	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Overall Rating of Personal Doc/Nurse	P		79	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Outpatient Shared Decision Making	P		65	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Overall Rating of VA Specialist	P		73	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Overall Rating of Healthcare in last 12 Months	P		66	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
<b>Equity</b>													
Clinical Composite: White-Nonwhite													
Behavioral Health	P			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Diabetes	P			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Tobacco	P			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Prevention	P			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Ischemic Heart	P			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Inpatient SHEP: Male-Female													
Cleanliness of Hospital Environment	P			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		

<sup>1</sup> Type P=process measure, O=outcomes measure. Symbol ▴ means higher value is better than lower value, ▾ means lower value is better than higher value.

<sup>2</sup> VISN 11=Vets In Partnership, Facility 506=Ann Arbor, MI, 515=Battle Creek, MI, 550=Illiana, IL / IN, 553=Detroit, MI, 583=Indianapolis, IN, 610A4=Northern Indiana, 655=Saginaw, MI.

# ASPIRE • HEALTH

21 June 2012

Measures for VISN 11, Fiscal Year 2012 Quarter 2, Oct. 2011 thru Mar. 2012

Measures • VA National Averages • Aspirational Goals				Aspirational Goals Met <sup>2</sup>									
Domain • Measure	T <sup>1</sup>	Average	Goal	11	506	515	550	553	583	610A4	655		
<b>Equity - Inpatient SHEP: Male-Female (continued)</b>	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Communication with Doctors	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Communication with Nurses	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Communication About Medication	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Discharge Information	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Overall Rating of Hospital	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Responsiveness of Hospital Staff	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Pain Management	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Quietness of the Hospital Environment	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Willingness to Recommend	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
<b>Inpatient SHEP: White-Nonwhite</b>													
Cleanliness of the Hospital Environment	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Communication with Doctors	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Communication with Nurses	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Communication About Medication	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Discharge Information	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Overall Rating of Hospital	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Responsiveness of Hospital Staff	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Pain Management	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Quietness of the Hospital Environment	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Willingness to Recommend	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
<b>Outpatient SHEP: Male-Female</b>													
How Well Doctors/Nurses Communicate	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Overall Rating of Personal Doctor/Nurse	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Getting Needed Care	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Overall Rating of VA Healthcare	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Getting Care Quickly	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Outpatient Shared Decision Making	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Overall Rating of VA Specialist	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
<b>Outpatient SHEP: White-Nonwhite</b>													
How Well Doctors/Nurses Communicate	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Overall Rating of Personal Doctor/Nurse	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Getting Needed Care	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Overall Rating of VA Healthcare	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		

<sup>1</sup> Type **P**=process measure, **O**=outcomes measure. Symbol ▼ means higher value is better than lower value, ▲ means lower value is better than higher value.

<sup>2</sup> VISN 11=Vets In Partnership, Facility 506=Ann Arbor, MI, 515=Battle Creek, MI, 550=Illiana, IL / IN, 553=Detroit, MI, 583=Indianapolis, IN, 610A4=Northern Indiana, 655=Saginaw, MI.

# ASPIRE • HEALTH

21 June 2012

Measures for VISN 11, Fiscal Year 2012 Quarter 2, Oct. 2011 thru Mar. 2012

Measures • VA National Averages • Aspirational Goals				Aspirational Goals Met <sup>2</sup>									
Domain • Measure	T <sup>1</sup>	Average	Goal	11	506	515	550	553	583	610A4	655		
<b>Equity - Outpatient SHEP: White-Nonwhite</b>	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Getting Care Quickly	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Outpatient Shared Decision Making	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Overall Rating of VA Specialist	<b>P</b>			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		

<sup>1</sup> Type **P**=process measure, **O**=outcomes measure. Symbol ▼ means higher value is better than lower value, ▲ means lower value is better than higher value.

<sup>2</sup> VISN 11=Vets In Partnership, Facility 506=Ann Arbor, MI, 515=Battle Creek, MI, 550=Illiana, IL / IN, 553=Detroit, MI, 583=Indianapolis, IN, 610A4=Northern Indiana, 655=Saginaw, MI.